

Abstract

A system and method of determining and preventing medical billing fraud in the posting of medical insurance claims in which a clearing house is established for receiving information transmitted from a plurality of providers administering treatment covered by various insurance plans. For example, a computer system located in the clearing house would monitor the information provided by each of the providers to determine whether the providers submitted multiple claims for a particular period of time. The computer system located in the clearing house would also determine whether other inappropriate claims were made by the providers. If the computer system located in the clearing house determines that the treatments were proper, the providers would be paid by the computer system located in the clearing house in a timely manner.

Amendments to the Drawings

The attached sheets of drawings include changes to Figure 1 and Figure 2.

The computers located at the medical facility where the health care provider provides medical, at the clearing house, and the medical insurance companies described in the specification have been added to Figure 1. In addition, some of the boxes in both Figure 1 and Figure 2 have been re-designated for clarity.

No new matter has been added.

Attachment: Replacement Sheet
Annotated Sheet Showing Drawing Changes